Division of Medical Assistance
Personal Care Services Frequently Asked Questions

CCME
1. The RN's PCS certification that the CCME reviewer needs to see—is that just a copy of our PCS certificate?
Answer: Yes, the reviewer is measuring the PCS key aspect of staff qualifications with the PCS certificate which is printed out once you complete the AHEC Connect PCS certification course.
2. Can we request CCME to come do a review of our agency?
Answer: No—The CCME reviews are randomly selected through a computer program.
3. Is the process for selecting agencies for compliance review completely random or are they still being selected based under "specific indicators" i.e. recipients less than 21 years of age or multi recipients in the same home?
Answer: CCME audits are currently random. For year 2007-2008 we are planning some targeted reviews.
4. Where can we get a copy of the map with the 5 CCME regions?
Answer: Email Jennifer Manning at jmanning@thecarolinascenter.org with your request.
Policy
5. Is MD signature required for PACT form at annual review?
Answer: Yes, the primary care physician or FNP, PA under the supervision of the MD is required on PACT at least annually for service authorization. See *Policy #7.2*
6. Clarify the process for annual reassessment, completing the PACT and the MD order.
Answer: Follow the initial assessment process with the exception that you do not need an order to assess since the client is currently receiving services. Remember to reassess and obtain physician authorization before the date of the annual assessment. See Policy #7.2, #7.3.
7. Do we list family members on the PACT form as a source of current care since they are not reimbursed by state, local federal monies?
Answer: Yes, see section 15 of the PAC T which requests current care. Section 45 of the PACT requests information about the sources available to meet the ADL and IADL needs. Detailed instructions for completing the PACT are available at http://info.dhhs.state.nc.us/olm/forms/dma/dma-3000-i.pdf.

8. Devices needed—is that what they need and have or what they need and don't have?
Answer: Field 44 of the PACT requests information about DME already used in the home and what is being ordered. Throughout the assessment the nurse is evaluating client ADL, self-performance and support provided with assistive equipment. For example, field 19 (ADL Mobility) requires assessment of equipment the client is using. Detailed instructions for completing the PACT are available at http://info.dhhs.state.nc.us/olm/forms/dma/dma-3000-i.pdf.
9. How do you determine if a client requires a NA I or In-Home Aide?
Answer: Please review BON criteria and DFS guidance for staffing qualifications. Generally, a score of 2 which is limited assistance can be done by an In-Home Aide, Scores of 3 which is extensive assistance, should be done by a NA I. and NA II (or NA I with special training depending on delegated tasks).. NA II tasks need to be completed by a NA II or NA I with additional training. See *Policy #6.3.2*.
10. When was the policy changed to "ADL must exceed IADL" time?
Answer: See *policy #5.7*. This policy has never changed. However some providers may have misinterpreted the terminology used in the policy. In the revised Time and Task Guidance, we have provided additional clarification which states that ADL time must exceed IADL time on a weekly basis.
11. Regarding the annual certification date—does the MD signature need to be received before the annual certification date? I know reassessment needs to be done by the date but do we also need signature from MD by this date?
Answer: Yes. If the signature is not obtained before this date you may obtain a verbal order to continue the services. Remember, without the verbal order or signed order, you are providing services without the primary care physician's authorization. Any physician order must be signed within 60 days of the verbal order date. See *Policy #7.2*.
12. On a particular day documented on the POC, can IADL time exceed ADL time?
Answer: Yes, so long as ADL time exceeds IADL time on a weekly basis. See *Policy #5.7*
13. When you do your annual assessment for PCS, can you include "PCS services" under current care since you have been providing this service for the past year?
Answer: Yes. See field 15 of the PACT Instructions.

14. The plan of care takes 30-60 days to get signed—do we wait that long to start services for the client?
Answer: If you have a verbal order to start the services after the assessment you can certainly start. If your PACT is not signed within 60 days, you are at risk of noncompliance from day 61 till the day it is signed. Remember, the PCS provider should initiate care within 14 calendar days of the physician's authorization as documented on the PACT form and plan of care. If care is not initiated within 14 days of the authorization, the client must be reassessed. See *Policy # 7.2.*
15. How do you know where to document IADLs and time?
Answer: Page 2 of the PACT, fields 27 through 31, the nurse identifies IADL tasks. On page 4 of the PACT, Plan of Care, the nurse indicates IADL tasks and time in the column indicated. http://info.dhhs.state.nc.us/olm/forms/dma/dma-3000-i.pdf. Detailed instructions for completing the PACT are available at http://info.dhhs.state.nc.us/olm/forms/dma/dma-3000-i.pdf.
16. Out of a 5 day service week, the aide changes the recipient's diaper 2-3 times per week—how would you score?
Answer: The MDS scoring considers the majority of the time. For example, 2 out of 5 days is not the majority, however 3 of the 5 days is a majority. Using your professional judgment to determine the trend.
17. Can we attach an additional sheet to the PACT for IADLs?
Answer: Yes, make sure to note on the PACT you have included attachments. Include in your total time per day the IADL time totals on page four of the PACT.
18. Can meal preparation be considered as an ADL if a person has dementia and would not receive food if the aide is not providing PCS on that day?
Answer: No, meal preparation is an IADL.
19. If a patient needs "set-up" for a meal only, then how come the score is not a "2"? Our concern is without the set up the recipient would not eat?
Answer: A score of 2 indicates "hands on" help as opposed to set-up. And any meal prep is an IADL, not ADL. You can set up and prepare meals for the client in your plan of care but set up is not a qualifying ADL deficit. In this example you must identify 2 ADL deficits (mobility, bathing, dressing, toileting, continence) to qualify for PCS. Eating, in this example is not a hands on qualifying ADL and therefore you have not identified an ADL deficit to qualify the client in eating with set up only.

20. Would home management tasks/IADLs go in field 46 also?
Answer: Exceptions to time and task guidance can be noted in field 46. For example, completing laundry more frequently in the incontinent client can be noted here.
21. How do you specify extra time allotted for tasks that exceed time guidance, Attachment B in PCS guidelines?
Answer: Justification for additional time needed is documented in field 46 of the PACT. For example, if additional time to complete the bath and assist with toileting is needed due to pain, document this here.
22. Where is the frequency of the # of days that service is provided in the guidelines?
Answer: The Nursing Assessment identifies the recipient's needs. The nurse uses the Time and Task Guidance to develop a plan of care to meet those identified needs. There is specific guidance in the frequency of IADL task in the guidance. See also instructions for completing the PACT and Time and Task Guidance.
23. The last reassessment date—is this the date of last year's assessment or the current reassessment?
Answer: It is the assessment prior to the assessment currently being completed.
24. If a patient requests to be placed on "hold" for several weeks, is a new PACT necessary if there are no changes? If a patient is on hold when the supervisory visit is due is a new PACT necessary if there are no changes?
Answer: No it is not necessary to complete a new PACT if there are no changes. Remember, if a supervisory visit is due, it must be completed prior to resuming services. In either case you should have documentation demonstrating contact was made which concluded there were no changes.
25. If you checked yes for # 45, does that mean that they do not need services (are there sources available to meet the above needs)?
Answer: If you have indicated **all** the client's needs are already being met by other sources then personal care services are not necessary. If you have identified unmet needs then these are included in the service.
26. Whenever a client has been discharged but then services are reopened does the client has to be reassessed?
Answer: Yes. This client is treated as a new client.

27. If PACT forms have not been completed correctly does the RN need to redo & get the physician to sign it again?
Answer: Yes. As quickly as possible. You need accurate and appropriate authorization for services.
28. Is it acceptable to wait and correct PACT forms at reassessment or should we redo the PACT and have them resigned for audit purposes?
Answer: Best practice would indicate to correct the forms immediately as you discover they are incorrect.
29. Clarify the supervision of the aide in the home
Answer: After the initial assessment, supervision is required at least every 90 days. Of those every 90 day visits, two of those visits must occur with the aide present. See Policy #7.9.
30. Would a client with mental impairment like schizophrenia or dementia that requires assistance via prompting qualify?
Answer: No, prompting and supervision is a score of 1 which does not qualify. To qualify for PCS services the recipient needs a score of 2 which is limited assistance. An appropriate referral for this client's needs would be mental health services.
31. Can you use "as requested" on the POC? (for example, errands 1 time a month as requested by client)?
Answer: No, document as a temporary change in POC. Do not use terminology PRN because you do not leave the decision making up to the aide, which exceeds their scope of practice. See *Policy #7.8.*
32. If the client bathes themselves, but due to obesity is unable to wash, dry or inspect their feet for abrasions (as may be indicated for a patient with diabetes) and uses a shower chair, what is the score?
Answer: Foot care alone does not indicate a score of 2 for bathing. Please see Time and Task guidance for definitions of tasks as well as time indicators.
33. If client lives alone and receives PCS Mon-Fri and there's no family or support to help on the weekends, will the client still qualify?
Answer: Yes. Remember if the client is scored with 3's and 4's you should evaluate if the recipient is safe over the weekend. You could be putting the recipient at-risk by excluding them from other services in order to sign them up for PCS. If scored "lightly" with just 2 ADLs, they could be safe over the weekend. Remember, do not staff for the agency's convenience.

34. If you are seeing the client in the morning prior to going to adult day care, can they get PCS services?
Answer: Yes, if the program is Adult Day Care. No, if the program is Adult Day Health. Remember, Adult Day Health covers bathing and personal care services, so it is a like service and duplication.
35. How do you score nutrition if it's not a tube feeding?
Answer: Use your PACT Instructions considering self-performance scores. If the level of assistance requires hands-on assistance with eating, they can be a score of 2 or more. There is always a scenario when a recipient could even be scored as independent with a tube feeding.
36. How many hours does PCS provide?
Answer: PCS maximum limits are 60 hours a month and no more than 3.5 hours per day. This includes all assessments, reassessments and supervisory visits. Remember, the time provided should be based on the nursing assessment of the individual's needs. See *Policy #5.1.*
37. For PCS-Plus, do you show the 20 hours on your PCS-Plus form and place the hours on your physician authorization form?
Answer: Yes, when PCS-Plus is prior approved by DMA, the plan of care must be amended with the additional time and tasks that reflect the start of PCS-Plus services. The RN documents these revisions to the plan of care by completing a new plan of care or revising a copy of the current plan of care, signing and dating the revisions. See *Policy #7.8.3*
38. Is there a difference between cueing, requiring directions or requiring extensive directions?
Answer: Please refer to the definitions on the PACT form, self-performance scores.
39. Does a score of 1 stop qualification for PCS services?
Answer: If you only have scores of 1, a recipient does not qualify for PCS services. PCS qualifications are a score of 2 and at least 2 qualifying ADL's. See *Policy #3.2.1.*
40. Is it appropriate to assign time for score of 1?
Answer: Once they qualify for PCS, you can budget some time for identified needs. You identify needs by checking columns on the PACT form. Remember, for observation alone you would not need the maximum amount of time to assist.

41. If a patient scores 0/1 for nutrition, is it ok to assign time for meal prep/kitchen cleanup under IADLs?
Answer: Once they qualify for the service with 2 ADL deficits you can include IADL tasks in the plan of care.
42. Should IADLs be listed on page 2 as well as page 4?
Answer: On page two of the PACT, you would identify the recipient's needs and on page four, the needs are met in the plan of care.
43. Please repeat what are the clinical coverage policies –where are they located?
Answer: Clinical coverage policies are PCS program requirements which include: Description of services, eligible recipients when services are covered, etc. On the DMA website # 3C (PCS) and 3J (PCS-Plus) Links: http://www.ncdhhs.gov/dma/cc/3C.pdf & http://www.ncdhhs.gov/dma/cc/3J.pdf.
44. When would we need prior approval?
Answer: Prior Approval is required for PCS-Plus and PCS-MPW. If you are applying for more than 60 hours, PCS services you would need prior approval.
45. Do we have our RN correct the original PACT form when a problem is identified?
Answer: You cannot alter or change an original, signed document. Always make corrections as you find them. Corrections may be done on a copy with the changes dated and signed. In circumstances where corrections require a physician's signature such as significant changes in the plan of care, then you must send the corrected PACT form to the physician.
46. If a patient goes 30 days without service (ex. Hospitalization) do they have to be discharged from the agency and readmitted or just reassessed?
Answer: No. Following a lapse in service greater than 7 days due to institutionalization, the provider must reassess. See *Policy #7.3.3*
47. What if aide does not follow daily Plan of Care? For example, the client does not want to do laundry on the day assigned?
Answer: You document as a temporary change in the POC. See *Policy #7.8.2* Deviations from the plan of care are also required documentation
DMA
48. Where can we get a list of PCS providers?
Answer: DMA does not publish a list. The DFS site has list of every licensed agency. Also check AHHC membership.

49. When will the new PACT forms be enforced and will everyone need to have a new PACT form.
Answer: The new PACT form has been in effect since May 2, 2007 for all new admissions. All clients should be authorized with the revised PACT no later than May 2, 2008. Detailed instructions for DMA Implementation Plan for the Revised PACT, PACT Instructions and Time and Tasks Guidance are available at: http://www.dhhs.state.nc.us/dma/cc/pcspactImplementationPlan030507.pdf.

Important Note: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions and without meeting the specific criteria in this section when such services are medically necessary to correct, ameliorate and maintain a defect, physical and mental illness or a condition identified through a screening examination. For additional information about EPSDT, see **Section 2.2** of PCS policy or visit the DMA Web sites specified below.

Basic Medicaid Billing Guide: http://www.ncdhhs.gov/dma/medbillcaguide.htm

EPSDT Provider Page: http://www.ncdhhs.gov/dma/EPSDTprovider.htm

Refer to **Clinical Coverage Policy #3J** at http://www.ncdhhs.gov/dma/mp/mpindex.htm for specific requirements and additional information on the PCS-Plus program.

Personal Care Services Frequently Asked Questions (December 2006)

Policy
1. If the client needs hands on assistance, a helping hand, to stand up before using a walker how do you score them in mobility performance?
Answer: Transfer score 2, limited assistance
2. If client can walk independently on normal level surfaces, but requires physical assistance to go up and down stairs secondary to bone spurs, how do you score this?
Answer: We would need more information such as whether stairs in the home, how often do they need to use the stairs, is the bathroom upstairs, etc. to best answer this question. You score the client how they do most of the time
3. Does DMA plan to provide a standardized aide log?
Answer: Answer: No, DMA has specific policy standards on what is included in the aide log. See clinical policy section7.10. There are examples at the NC Association web site which meets DMA standards. www.homeandhospicecare.org
Other
4. Where can we find clear guidelines re: how much assistance aides can give in medication administration?
Answer: The N.C. Board of Nursing provides guidelines for the role of UAP in assisting with self medication. www.ncbon.com
5. Where can we get a complete list of ICD9 codes?
Answer: ICD9 codes references are available through most medical reference suppliers. You can find these reference by doing an internet search using ICD9 Code